

**LAFAYETTE CITY - PARISH CONSOLIDATED GOVERNMENT
CIVIL SERVICE SYSTEM
291-8330**

TO FILE AN APPLICATION

Only U.S. citizens and non-citizens authorized to work in the United States by the U.S. Citizenship and Immigration Service are eligible for employment by the Lafayette Consolidated Government.

In order for an application to be accepted, the following items are required at the time the application is turned in.

1. Proof of voter registration from the applicant's parish of residence. This may be obtained from the Registrar of Voters in your parish of residence (1010 Lafayette Street for Lafayette Parish).
2. Proof of a social security number. If you do not have your SS card, your driver's license or official document with your number **printed** on it will be accepted.

The following item may be turned in at any time **before** the test is given.

3. Proof of honorable discharge: DD214. You must show proof of having served 90 consecutive days of active duty and show proof that you were honorably discharged. Anyone showing proof will be awarded five points to a passing score.
 4. Deadlines are strictly enforced, your application form with 1 and 2 above must be submitted to the Civil Service Office before both date / time and maximum number of applications stated on the ad or announcement of the vacancy.
- After the Civil Service test the top five scoring applications plus ties will be certified as eligible for hire.
 - Any offer of employment is subject to your passing the physical examination, the drug test and retaining or achieving any qualifications or licenses or certifications required by the job.
 - Any employee hired into the LCG Civil Service system is subject to a 6 month probationary period, if unwilling or unable to perform satisfactorily during that time, the new employee may be dismissed without right of appeal.
 - Continued employment is subject to the Conditions of Employment Policy (from Human Resources Office)

DEADLINE: First _____ Including Up To _____ City - Parish Employees Received Before: _____ Noon

LAFAYETTE CONSOLIDATED GOVERNMENT

CIVIL SERVICE SYSTEM
705 WEST UNIVERSITY AVENUE
P.O. BOX 4017-C
LAFAYETTE, LOUISIANA 70502
(337) 291-8330

NOTICE:
Resumes will not be
accepted in lieu of
this completed form.

APPLICATION FOR EMPLOYMENT

Fill out this application on typewriter or print in ink. To avoid delay in processing please give complete and accurate information.

IDENTIFICATION

THE FOLLOWING IS NECESSARY TO NOTIFY YOU OF EXAMINATION RESULTS AND/OR INTERVIEWS ONLY.

1.	Position applied for: _____
2.	Name: _____
	LAST FIRST MIDDLE
3.	Mailing Address: _____
	Number Street Apartment Number
	City State Zip Code
4.	Phone: _____ DO NOT WRITE IN THIS SPACE
	Home # Work #
5.	Social Security Number: _____

PERSONAL DATA

ANSWER THE FOLLOWING QUESTIONS BY PLACING AN "X" UNDER "YES" or "NO"	YES	NO	SPECIAL QUALIFICATIONS
6. Are you a citizen of the United States?			16. If you have a disability and require some testing assistance, (e.g. enlarged print, etc.) explain on separate sheet of paper and advise Civil Service staff before the test.
7. If not a citizen of the United States, are you a registered alien with government permission to work in this country?			
8. Are you a registered voter of the City or Parish in which you reside?			
9. Have you in the past worked, full-time or part-time, for the former Lafayette City Government? If yes, state which department.			
10. Have you in the past worked, full-time or part-time, for the former Lafayette Parish Government? If yes, state which department.			17. List any licenses, certifications or other professional registrations.
11. Have you previously worked, full-time or part-time, for the Lafayette Consolidated Government? If yes, state which department.			
12. Do you currently work for the Lafayette Consolidated Government? If yes, state which department.			18. If you are applying for clerical work, answer the following: Are you trained or experienced in the following skills: <div style="display: flex; justify-content: space-between;"> Typing Yes <input type="checkbox"/> No <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Shorthand Yes <input type="checkbox"/> No <input type="checkbox"/> </div> List any office machines which you are skilled in operating.
13. Within the past 5 years have you been discharged from a position because your work or conduct was unsatisfactory? If yes, explain in item #24 on back.			
14. May inquiry be made of your present and/or past employer concerning your work record, qualifications, etc.?			
15. Have you ever been CONVICTED, PLACED ON PROBATION, OR A SUSPENDED SENTENCE, for an offense other than minor traffic violations? (Convictions are not necessarily a bar to employment). If yes, explain in Item #25 on back.			

THE LAFAYETTE CONSOLIDATED GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

19. Circle the last grade of school you completed:

Grade School

High School

List your education since high school including colleges, business, trade, correspondence, and military service schools.

Colleges, Universities and Junior Colleges Attended

NAME AND LOCATION	Date Attended		Credit Hours	Major	Degree and Year
	From	To			

Business or Trade Schools Attended

NAME AND LOCATION	Date Attended		Courses Completed	Date of Diploma or Certificate
	From	To		

Correspondence or Military Courses Completed

NAME AND LOCATION	Length of Course	Courses Completed	Date Completed

MILITARY SERVICE

20. Are you claiming Veteran's Preference? ____ If yes, then complete the following and present your DD214 before taking test.

Branch of Service
(Army, Navy, etc.)

Rank at time of Separation

Date Entered Active Duty Date	Separated From Active Duty	Military Occupation Specialty
	Retired Yes <input type="checkbox"/> No <input type="checkbox"/>	

Was Service Performed on active Full Time Basis With Full Time Pay and Allowance Yes ☐ No ☐

21. Experience: Begin with your present or latest position and work backwards. Account for all periods of employment or unemployment. GIVE YOUR DUTIES AND RESPONSIBILITIES IN SUCH DETAIL AS TO MAKE YOUR QUALIFICATIONS CLEAR.

STUDY THE FOLLOWING EXAMPLE:

Place: Frankfort, KY
From: Oct. 19 64 to July 19 69
Month Yr. Month Yr.Name of Employer:
Commonwealth of Kentucky
AddressFinance Bldg. Auditor's Office
Phone #
233-3333Kind of Business or Organization
Public ServiceWas this a Supervisory Position?
YesName and Title of Your Immediate Supervisor
A.C. Cole - Asst. State AuditorReason for Leaving
To Enter Army

Exact Title of Your Position: Senior Auditor

Salary: Starting \$ 910.00 per month, Final \$ 1,099.00

DUTIES AND RESPONSIBILITIES: Made field audits of accounts of state departments or political subdivisions or of persons and business firms subject to taxation or regulation by the State. Made assignments and reviewed the work of assistants; prepared reports in connection with audits made; gave instructions and direction to public officials in connection with approved methods of accounting for public funds. Occasionally testified in courts on matters involving audits completed.

1) PRESENT OR LAST POSITION

Place: _____

Exact Title of Your Position: _____

From _____, _____ to _____, _____
Month Yr. Month Yr.

Salary: Starting \$ _____ per _____, Final \$ _____

Name of Employer: _____

Duties and Responsibilities: _____

Address: _____

Phone # _____

Kind of Business or Organization: _____

Was this a Supervisory Position? _____

Name and Title of Your Immediate Supervisor: _____

Reason for Leaving: _____

2) NEXT PREVIOUS POSITION

Place: _____

Exact Title of Your Position: _____

From _____, _____ to _____, _____
Month Yr. Month Yr.

Salary: Starting \$ _____ per _____, Final \$ _____

Name of Employer: _____

Duties and Responsibilities: _____

Address: _____

Phone # _____

Kind of Business or Organization: _____

Was this a Supervisory Position? _____

Name and Title of Your Immediate Supervisor: _____

Reason for Leaving: _____

3) NEXT PREVIOUS POSITION

Place: _____

Exact Title of Your Position: _____

From _____, _____ to _____, _____
Month Yr. Month Yr.

Salary: Starting \$ _____ per _____, Final \$ _____

Name of Employer: _____

Duties and Responsibilities: _____

Address: _____

Phone # _____

Kind of Business or Organization: _____

Was this a Supervisory Position? _____

Name and Title of Your Immediate Supervisor: _____

Reason for Leaving: _____

22. List volunteer experience here:

4) NEXT PREVIOUS POSITION

Place: _____

Exact Title of Your Position: _____

From _____ , _____ to _____ , _____
Month Yr. Month Yr.

Salary: Starting \$ _____ per _____ , Final \$ _____

Name of Employer: _____

Duties and Responsibilities: _____

Address: _____

Phone # _____

Kind of Business or Organization: _____

Was this a Supervisory Position? _____

Name and Title of Your Immediate Supervisor: _____

Reason for Leaving: _____

REFERENCES

23. List three persons (do not list relatives or people who have worked for you) who have definite knowledge of your qualifications and fitness for the position for which you are applying.

FULL NAME	ADDRESS (Complete)	PHONE NO.	BUSINESS or OCCUPATION

REMARKS

24.

25.

26.

YOU MUST SIGN APPLICATION

I certify that all statements made in this application are true, complete and correct to the best of my knowledge. I realize that any misrepresentation herein may cause my application to be rejected, my name removed from the employment list, or I may be subject to dismissal from the employment of the Lafayette Consolidated Government.

Signature

Date

THERAPEUTIC/AQUATICS RECREATION SUPERVISOR

PURPOSE AND NATURE OF WORK

Position is responsible for planning and developing recreational and aquatic programs for special populations. Purpose of work is to provide meaningful recreational programs for physically or mentally handicapped persons, senior citizens, etc., and maintenance of all swimming pools. Incumbents may be required to work unusual hours and have considerable amount of public contact. General direction is received from the Programs and Maintenance Manager and has supervisory responsibilities for a staff involved in therapeutic and aquatic activities.

ILLUSTRATIVE EXAMPLES OF WORK (Note: These examples are intended only to illustrate the various types of work performed by incumbents in this class. All of the duties performed by any one incumbent may not be listed, nor does any incumbent necessarily perform all of these duties.)

Plans, coordinates, and supervises recreation programs for special populations directly and/or through the Recreation Centers Supervisors, other public and private agencies, civic groups, and volunteers. Conducts summer day camps for children with special needs; coordinates Lafayette Consolidated Government's participation in the Special Olympics, Unified Wheel Chair Sports, Gulf State Conference and various other programs for challenged populations. Assures compliance with the law regarding therapeutic recreation programs and persons with disabilities. Coordinates and facilitates groups for the purpose of educating members. Designs, coordinates, and teaches programs such as anger management, substance abuse, adult psychiatric, bus usage, etc. aimed at facilitating independence. May meet with individuals in the hospital to explain availability of therapeutic recreation programs.

Maintains all swimming pools, orders chemicals and ensures repairs are made. Organizes high school swimming, swimming lessons, schedules meets, staff and volunteers, and collects and reports fees.

Prepares news releases; makes public presentations; coordinates and conducts publicity for programs; provides information concerning municipal recreation policies and activities. Reviews recreation activity programs and proposes changes or additions as needed. Furnishes data for the preparation of division's budget. Hires, supervises, trains, evaluates staff.

Performs related work as required.

NECESSARY KNOWLEDGES, ABILITIES, AND SKILLS

Thorough knowledge of the principles, practices, and objectives of therapeutic and aquatics recreation, and of activities commonly included in programming for special populations.

Considerable knowledge of law, techniques, and equipment requirements of various disabilities.

Knowledge of the safety precautions and requirements and first-aid methods applicable to recreation and aquatics activities.

Ability to plan, organize, and direct complete and comprehensive therapeutic recreational and aquatic activities.

Ability to establish and maintain effective relationships with superiors, community leaders, civic organizations, volunteers, and the general public.

Ability to express ideas clearly and effectively, orally and in writing, for news releases and program reports.

Ability to enforce regulations firmly, but tactfully.

Ability to obtain certification from the National Therapeutic Recreation Certification Council and Certified Pool Operator certification.

DESIRABLE TRAINING AND EXPERIENCE

Bachelor's degree from an accredited university with major course work in therapeutic recreation, considerable experience in organizing therapeutic and aquatic recreation activities, maintenance of swimming pools, and certification as a Certified Therapeutic Recreation Specialist by the NCTRC; or any equivalent combination of training and experience.

NECESSARY SPECIAL QUALIFICATION

Possession of a valid Louisiana Chauffeur's License prior to appointment.

RECRUITING INFORMATION

The following information does not become part of your application for employment. Your answers will neither help nor hinder your chance for employment with the Lafayette Consolidated Government. They do, however, help us to assess our recruiting efforts, as well as to monitor the progress of our Equal Employment Opportunity Program. Therefore, we ask your cooperation in providing the following information. Thank you.

1. DATE OF APPLICATION: _____
month day year
2. NAME: _____
last first middle initial
3. SOCIAL SECURITY NO: _____
4. BIRTH DATE _____
month day year
5. JOB APPLIED FOR: _____
6. SEX (Please Check): _____ Male
_____ Female

**7. HOW DO YOU DESCRIBE YOURSELF IN TERMS OF THE FOLLOWING GROUP?
PLEASE CHECK.**

- _____ A. American Indian (including Aleuts and Eskimos)
- _____ B. Black/African-American/African
- _____ C. White/Caucasian/European/Middle Easterner
- _____ D. Hispanic/Chicano/Puerto Rican/Mexican American/Latin American
- _____ E. Oriental/Asian American/Pacific Islander
- _____ F. Disabled as defined by the Americans with Disabilities Act

8. HOW DID YOU HEAR ABOUT THE JOB FOR WHICH YOU APPLIED? PLEASE CHECK.

- _____ A. Lafayette Daily Advertiser
- _____ B. Out-of-town newspaper
- _____ C. Professional journal
- _____ D. Radio
- _____ E. Civil Service bulletin board
- _____ F. Present city-parish employee
- _____ G. University Placement Office
- _____ H. Louisiana State Employment Office
- _____ I. Other

Please Read The Following Information

LAFAYETTE CONSOLIDATED GOVERNMENT

NOTICE TO APPLICANTS

PRE-EMPLOYMENT DRUG TESTING

The LAFAYETTE CONSOLIDATED GOVERNMENT has a policy prohibiting the possession, distribution, use, consumption, or being under the influence of, alcohol or illegal or unauthorized drugs or other unauthorized, controlled substances, in order to provide a safe and healthful environment for employees, visitors and members of the general public. Therefore, those applicants selected for employment with the LAFAYETTE CONSOLIDATED GOVERNMENT will be required to submit to a urine drug screen test and shall be dropped from consideration of employment if the testing results indicate a detectable amount of illegal or unauthorized substances or an alcohol level in excess of 0.04.

Individuals who have been disqualified due to positive test results shall be ineligible to reapply for work with the LAFAYETTE CONSOLIDATED GOVERNMENT for a period of two years after having been dropped from consideration. Upon reapplication, those applicants must show proof of their completion of a reasonable drug and alcohol treatment or counseling program.